

P11000002530

Florida Department of State  
Division of Corporations  
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((H110000062013)))



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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
NJ THERAPY GROUP, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

NJ THERAPY GROUP, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7121 SW 24 STREET SUITE 207  
MIAMI, FL 33155

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 200 (TWO HUNDRED) PAR VALUE \$1.00 DOLLAR

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KIRIA GARROTE PD  
Address: 15335 SW 17 TERRACE  
MIAMI, FL 33185Name and Title:  
Address:Name and Title:  
Address:Name and Title:  
Address:Name and Title:  
Address:Name and Title:  
Address:**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KIRIA GARROTE  
Address: 15335 SW 17 TERRACE  
MIAMI, FL 33185**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: KIRIA GARROTE  
Address: 15335 SW 17 TERRACE  
MIAMI, FL 33185

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

1-6-11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

1-6-11  
DateFILED  
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